

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

IN RE:)	CHAPTER 7
)	
SHARON SHEPHERD MAYES,)	CASE NO. 21-58251-JWC
)	
)	
Debtor.)	

AMENDMENT TO CHAPTER 7 SCHEDULES

COMES NOW Debtor, Sharon Shepherd Mayes, by and through her attorneys, and files this "Amendment to Chapter 7 Schedules" showing the Court as follows:

1.

Debtor files Amended Schedules D to disclose the addition of creditor(s) and to give such creditors notice.

2.

Debtor files Amended Schedules E/F to disclose the addition of creditor(s) and to give such creditors notice.

3.

Debtor files Amended Summary of Schedules, Declaration Concerning Schedules and Statistical Summary in lieu of their previous counterparts.

WHEEFORE, Debtor prays:

- (a) That this "Amendment to Chapter 7 Schedules" be filed, read, and considered;
- (b) That this Honorable Court grant this Amendment; and,
- (c) That this Honorable Court grant such other and further relief as it may deem just and proper.

Dated: December 3, 2021

Respectfully submitted,

/s/ Shannon C. Worthy
Shannon C. Worthy
GA Bar No. 733895
Attorney for Debtor(s)
Stanton & Worthy, LLC
547 Ponce De Leon Avenue NE
Suite 150
Atlanta, GA 30308
(404) 800-6415 Phone
(866) 799-7178 Fax
Shannon.worthy@stantonandworthy.com

Fill in this information to identify your case:

Debtor 1	Sharon Shepherd Mayes		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF GEORGIA		
Case number (if known)	21-58251		

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
\$1,492.02	\$0.00	\$1,492.02

2.1 Midland Funding LLC, Successor

Creditor's Name

in interest to Citibank,
NA
P.O. Box 939069
San Diego, CA 92193

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

all real and personal property

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☒ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 01/25/2018

Last 4 digits of account number 2945

Add the dollar value of your entries in Column A on this page. Write that number here:

\$1,492.02

If this is the last page of your form, add the dollar value totals from all pages.
Write that number here:

\$1,492.02

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

[] Name, Number, Street, City, State & Zip Code
Greene & Cooper, LLP
P.O. Box 1635
Roswell, GA 30177

On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number

Fill in this information to identify your case:

Debtor 1 **Sharon Shepherd Mayes**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA**

Case number **21-58251**
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
- ☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	Cavalier at 100 Nonpriority Creditor's Name 100 Cavalier Crossing Lithonia, GA 30038 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3207 When was the debt incurred? 2020 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Account	\$514.08

Debtor 1 **Sharon Shepherd Mayes**Case number (if known) **21-58251**

4.2

MAK Anesthesia Holding, LLC

Nonpriority Creditor's Name

PO Box 859708**Port Saint Lucie, FL 34985**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **2863****\$805.00**When was the debt incurred? **May 2021**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Bill**

4.3

Medical Revenue Service

Nonpriority Creditor's Name

P O Box 1149**Sebring, FL 33871**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **1028****\$936.00**When was the debt incurred? **September 2020**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Bill**

4.4

Wellstar

Nonpriority Creditor's Name

P O Box 3475**Toledo, OH 43607**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **7153****\$509.36**When was the debt incurred? **October 2021**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collection****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

Hunter Warfield**4620 Woodland Corporate Blvd**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Sharon Shepherd Mayes**Case number (if known) **21-58251****Tampa 33614**

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

			Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
Total claims from Part 2	6f. Student loans	6f.	\$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 2,764.44
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 2,764.44

Fill in this information to identify your case:

Debtor 1	Sharon Shepherd Mayes		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF GEORGIA		
Case number (if known)	21-58251		

☒ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 0.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 5,691.88
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 5,691.88

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 56,492.02
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 0.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 117,415.44
Your total liabilities		\$ 173,907.46

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 1,960.45
5.	Schedule J: Your Expenses (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 1,960.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **Sharon Shepherd Mayes**Case number (if known) **21-58251**

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **1,837.33**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 84,305.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 84,305.00

Fill in this information to identify your case:

Debtor 1 Sharon Shepherd Mayes
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number 21-58251
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Sharon Shepherd Mayes
Sharon Shepherd Mayes
Signature of Debtor 1

Date December 2, 2021

X _____
Signature of Debtor 2

Date _____

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

IN RE:)	CHAPTER 7
)	
SHARON SHEPHERD MAYES,)	CASE NO. 21-58251-JWC
)	
)	
Debtor.)	

UNSWORN DECLARATION UNDER PENALTY OF PERJURY

I, Sharon Shepherd Mayes, hereby certify that the attached pleading is true and correct to the best of my information and belief.

Dated: December 3, 2021

Signed: /s/ Sharon Shepherd Mayes
Sharon Shepherd Mayes

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

IN RE:)	CHAPTER 7
)	
SHARON SHEPHERD MAYES,)	CASE NO. 21-58251-JWC
)	
Debtor.)	

CERTIFICATE OF SERVICE

I certify that I have this date served the following parties with a copy of the within pleading by placing true copies of same in the United States Mail with adequate postage affixed to endure delivery, addressed to the following:

Sharon Shepherd Mayes (*via electronic delivery*)
4835 Lost Colony Court
Stone Mountain, GA 30088

Trustee
S. Gregory Hays
Hays Financial Consulting, LLC
2964 Peachtree Road
Suite 555
Atlanta, GA 30305 (*via ecf*)

{*See attached Supplemental Creditors Matrix*}

Dated: December 3, 2021

Respectfully submitted,

/s/ Shannon C. Worthy
Shannon C. Worthy
GA Bar No. 733895
Attorney for Debtor(s)
Stanton & Worthy, LLC
547 Ponce De Leon Avenue NE
Suite 150
Atlanta, GA 30308
(404) 800-6415 Phone
(866) 799-7178 Fax
Shannon.worthy@stantonandworthy.com

SUPPLEMENAL CREDIT MATRIX

Cavalier at 100
100 Cavalier Crossing
Lithonia, GA 30038

Cavalier at 100
c/o Hunter Warfield
4620 Woodland Corporate Blvd.
Tampa, FL 33614

MAK Anesthesia Holding, LLC
P.O. Box 859708
Port Saint Lucie, FL 34985

Medical Revenue Service
P.O. Box 1149
Sebring, FL 33871

Midland Funding LLC, Successor in interest to Citibank, N.A.
P.O. Box 939069
San Diego, CA 92193

Midland Funding LLC, Successor in interest to Citibank, N.A.
C/O Greene & Cooper, LLP
P.O. Box 1635
Roswell, GA 30177

WellStar
P.O. Box 3475
Toledo, OH 43607